

What does a primary care annual review for RA include?

Hider, Samantha L; Raza, Karim; Blagojevic-Bucknall, M.; Whittle, R.; Clarkson, K.; Mangat, Navjeet; Stack, Rebecca; Mallen, CD

DOI:

[10.1007/s10067-015-3093-9](https://doi.org/10.1007/s10067-015-3093-9)

License:

None: All rights reserved

Document Version

Peer reviewed version

Citation for published version (Harvard):

Hider, SL, Raza, K, Blagojevic-Bucknall, M, Whittle, R, Clarkson, K, Mangat, N, Stack, R & Mallen, CD 2015, 'What does a primary care annual review for RA include? A national GP survey', *Clinical Rheumatology*, pp. 1-2. <https://doi.org/10.1007/s10067-015-3093-9>

[Link to publication on Research at Birmingham portal](#)

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

What does a primary care annual review for RA include? A national GP survey

^{1,2}SL Hider, ¹M Blagojevic-Bucknall, ¹R. Whittle, ¹K Clarkson, ^{1,3}N. Mangat ^{3,4}R Stack, ^{3,5}K. Raza, ¹CD Mallen

¹Arthritis Research UK Primary Care Centre, Keele University, Keele, Staffordshire ST5 5BG

²Haywood Rheumatology Centre, Haywood Hospital, Stoke on Trent, ST6 7AG

³Rheumatology Research Group, University of Birmingham, Birmingham B15 2TT

⁴ Division of Psychology, Nottingham Trent University, Nottingham

⁵Department of Rheumatology, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, B18 7QH

Address for correspondence/reprints:

Dr SL Hider

Arthritis Research UK Primary Care Centre

Keele University

Keele

Staffordshire ST5 5BG

Tel: 01782 734885

Fax: 01782 734719

Email: s.hider@.keele.ac.uk

Keywords: rheumatoid arthritis, comorbidity, annual review

Disclosure:

There are no conflicts of interest to declare. This manuscript presents independent research funded by the National Institute for Health Research (NIHR). CDM is funded by the NIHR Collaborations for Leadership in Applied Health Research and Care West Midlands, the NIHR School for Primary Care Research and a NIHR Research Professorship in General Practice (NIHR-RP-2014-04-026). MB is funded by an NIHR School for Primary Care Fellowship. RW is funded by an NIHR Research Methods Fellowship. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Sir

Patients with rheumatoid arthritis (RA) are at increased risk of comorbidities particularly cardiovascular disease and osteoporosis [1, 2]. NICE standards of care for rheumatoid arthritis (RA) recommend patients should receive a holistic annual review that should include an assessment of disease activity and severity, active screening for and management of comorbidities [3] and assessment of the impact of RA on quality of life. In 2013, RA was included in the Quality Outcomes Framework (QOF) of the UK general practice contract. General Practitioners (GPs) were incentivised to provide a face to face annual review for RA patients, including cardiovascular and fracture risk screening, mirroring the routine care for patients with other long term conditions such as diabetes – a model which improves quality of care and clinically important outcomes [4]. The aim of this study was to investigate what domains GPs report including in their annual review for patients with RA and to determine the role of the multidisciplinary team in providing these reviews.

We conducted a national cross sectional survey in 2013 to investigate the primary care management of RA. 5000 randomly selected GPs were asked to complete a brief questionnaire investigating their management strategies for patients with RA. Participants were presented with a predefined list of 12 measures that could be included in an annual review (presented in Table 1: including cardiovascular disease, osteoporosis and depression screening) and asked to indicate which measures they routinely included. Furthermore, GPs were asked which screening tools they used for cardiovascular disease and osteoporosis screening and which members of the multidisciplinary team conducted these reviews.

1388 (27.8%) completed questionnaires were returned. The majority (1052, 75.6%) of responders were GP partners, with a mean (SD) age of 47 (9.4) years. 705 participants (50.8%) were female. The majority of responding GPs (1083, 80.4%) felt that a primary care annual review was of benefit to their RA patients, although only 712 (51.2%) GPs felt that RA should be included in the QOF component of the GP contract. 939 (67.7%) GPs indicated they were aware of the NICE Standards of Care for RA, although only half (693, 49.9%) felt they impacted on their clinical practice. Only 767 (55.3%) GPs thought their patients had access to an annual review in secondary care.

The individual measures that GPs reported including in their annual review are detailed in Table 1. The most frequently incorporated components were medication review (1232, 88.8%), followed by cardiovascular risk assessment (1139, 82.1%). The latter was most commonly performed by practice nurses using QRISK (1214 (87.5%). Osteoporosis risk assessment was also commonly performed (1118, 80.5%), usually by GPs themselves (1023, 73.7%), with a minority of GPs thought osteoporosis screening for their patients was performed in secondary care (192, 13.8%). Assessments of RA disease activity (556, 40.1%) or disease complications (329, 23.7%) and routine use of DAS28 was uncommon (27, 1.9%).

This large general practice survey suggests that despite NICE advocating a holistic annual review for patients with RA, at present primary care reviews focus on key QOF domains such as cardiovascular disease and osteoporosis screening. Further studies will be required to determine whether screening still occurs now that RA is no longer incentivised in the QOF. Importantly, key comorbidities associated with a poor outcome, such as depression, are not routinely screened for, meaning opportunities for intervention are missed. The disease specific components of annual review such as disease activity and assessment of complications still largely occur in secondary care.

Good communication systems are needed across the healthcare setting to prevent duplication of screening and fragmentation of care for these patients, to ensure that annual review is truly holistic and to ensure that common comorbidities such as depression are not neglected in this patient group.

Table 1: Measures included in a primary care annual review.

Measure	N (%)
Medication review	1232 (88.8)
Cardiovascular disease risk assessment	1139 (82.1)
BP measurement	1139 (82.1)
Osteoporosis risk assessment	1118 (79.3)
Pain levels/analgesia review	1052 (75.6)
DMARD monitoring	956 (68.8)
Depression screening	859 (61.8)
Mobility assessment	808 (58.2)
RA flare frequency	569 (41.0)
Measurement of RA disease activity	556 (40.1)
Screening for RA complications	329 (23.7)
DAS28 measurement	27 (1.9)

References

1. Scott DL, Wolfe F, Huizinga TW. Rheumatoid arthritis. Lancet. 2010 Sep 25;376(9746):1094-108
2. Gullick NJ, Scott DL. Co-morbidities in established rheumatoid arthritis. Best Pract Res Clin Rheumatol. 2011 Aug;25(4):469-83.
3. Rheumatoid arthritis: The management of rheumatoid arthritis in adults. NICE (2009). www.nice.org.uk/guidance/cg79.
4. Kontopantelis E, Reeves D, Valderas JM, Campbell S, Doran T. Recorded quality of primary care for patients with diabetes in England before and after

the introduction of a financial incentive scheme: a longitudinal observational study." *BMJ quality & safety* 22.1 (2013): 53-64.